

**FORT RILEY TRAINING MISSION CLINICAL SKILLS TRAINING
FORT RILEY, KANSAS 66442**

VITAL SIGNS

TASK NUMBER	TASK
081-831-0010 MEASURE A PATIENT'S RESPIRATIONS	
1	Counted the number of times the chest rose in 1 minute.
2	Evaluated the respirations.
3	Checked for the physical characteristics of abnormal respirations.
4	Recorded the rate of respirations and any observations noted on the appropriate forms.
5	Reported any abnormal respirations to the supervisor immediately.
081-831-0011 MEASURE A PATIENT'S PULSE	
1	Positioned the patient so that the pulse site is accessible.
2	Palpated the pulse site.
3	Counted for 1 full minute and evaluated the pulse.
4	Recorded the rate, rhythm, strength, and any significant deviations from normal on the appropriate forms.
5	Reported any significant pulse abnormalities to the supervisor immediately.
081-831-0012 MEASURE A PATIENT'S BLOOD PRESSURE	
1	Explained the procedure to the patient, if necessary.
2	Selected the proper size of sphygmomanometer cuff.
3	Checked the equipment.
4	Positioned the patient.
5	Placed the cuff just tightly enough to prevent slippage.
6	Positioned the stethoscope, if used.
7	Inflated the cuff until the gauge read at least 140 mm Hg or 10 mm Hg higher than the usual range for that patient, if known.
8	Determined the blood pressure.
9	Recorded the blood pressure on the appropriate forms.
10	Evaluated the blood pressure.
11	Reported any abnormal readings to the supervisor.
081-831-0013 MEASURE A PATIENT'S TEMPERATURE	
1	Determined which site to use.
2	Selected the proper thermometer.
3	Explained the procedure and positioned the patient.
4	Measured the temperature.
5	Removed the thermometer and wiped it down with a gauze square.
6	Read the scale.
7	Placed the thermometer in the proper "used" canister or disposed of the plastic sheath as appropriate.
8	Recorded the temperature to the nearest 0.2° F on the appropriate forms and reported any abnormal temperature change immediately to the supervisor.
081-833-0164 MEASURE A PATIENT'S PULSE OXYGEN SATURATION	
1	Selected the appropriate size of sensor.
2	Selected the appropriate sensor location.
3	Cleaned and dried the site.
4	Applied the sensor.
5	Attached the sensor cable to the monitor and turned it on.
6	Notified the MD or PA of abnormal readings.
7	Documented the oximeter reading, the location of the device, and the amount of oxygen being delivered.
8	Performed measures for continuous monitoring.

MEDICATION ADMINISTRATION

TASK NUMBER	TASK
081-833-0088 PREPARE AN INJECTION FOR ADMINISTRATION	
1	Selected the appropriate needle.
2	Selected the appropriate syringe.
3	Inspected the packaging for defects.
4	Unpacked the syringe.
5	Inspected the syringe.
6	Unpacked the needle.
7	Joined the needle and syringe.
8	Inspected the needle.
9	Placed the assembled needle and syringe on the work surface.
10	Verified the drug label and checked the container for defects.
11	Prepared and drew the medication.
12	Checked the syringe for air bubbles.
13	Reverified the correct dosage.
14	Covered the needle with the protective needle cover.
15	Did not violate aseptic technique.
081-833-0089 ADMINISTER AN INJECTION (INTRAMUSCULAR, SUBCUTANEOUS, INTRADERMAL)	
1	Verified the required injection(s) with the physician's orders.
2	Identified the patient and asked the patient about allergies or drug reactions.
3	Verified the appropriate needle, syringe, and medication.
4	Selected and exposed the injection site.
5	Positioned the patient.

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6	Cleaned the injection site.
7	Removed the needle cover.
8	Prepared the skin for injection.
9	Inserted the needle.
10	Released the skin.
11	Administered the medication.
12	Checked the site for bleeding.
13	Observed the patient for adverse reactions.
14	Disposed of the needle and syringe.
15	Recorded the procedure on the appropriate form.
16	Did not violate aseptic technique.
17	Did not cause further injury to the patient.

081-835-3001 ADMINISTER ORAL MEDICATIONS

1	Checked the medication sheet (DA Form 4678) against the physician's orders.
2	Selected the medication.
3	Calculated the amount of medication required to equal the prescribed dose.
4	Prepared the prescribed dose of medication.
5	Placed all the prepared medications on a tray or the medication cart.
6	Signed for controlled drugs on DA Form 3949, IAW local SOP.
7	Correctly identified the patient.
8	Located the correct medication.
9	Gave the medication to the patient at the prescribed time.
10	Recorded the administration of all medications on the appropriate medical forms.
11	Recorded the omission of a medication on the appropriate medical forms whenever a scheduled medication is not administered.

081-835-3020 ADMINISTER TOPICAL MEDICATIONS

1	Checked the medication sheet (DA Form 4678) against the physician's orders.
2	Selected the medication.
3	Prepared the prescribed dose of topical medication.
4	Placed all the prepared medications on a tray or the medication cart.
5	Signed for controlled drugs on DA Form 3949, as appropriate.
6	Correctly identified the patient.
7	Prepared the skin.
8	Applied the medication to the patient.
9	Recorded the administration of all medications on the appropriate medical forms.
10	Recorded the omission of a medication on the appropriate medical forms whenever a scheduled medication was not administered.

081-835-3022 ADMINISTER MEDICATED EYE DROPS OR OINTMENTS

1	Checked the medication sheet (DA Form 4678) against the physician's orders.
2	Selected the medication.
3	Took the medication and other supplies to the patient's bedside.
4	Identified the patient and explained the procedure.
5	Positioned the patient.
6	Removed eye dressings, if present.
7	Removed accumulation of secretions, if present.
8	Prepared the medications.
9	Administered the medication.
10	Instructed the patient to close the eyes gently and "roll" them to distribute the medication.
11	Removed any excess solution or ointment by blotting gently with a clean tissue or gauze square.
12	Applied fresh dressings or patches, if required.
13	Removed all equipment from the bedside.
14	Recorded the administration of all medications on the appropriate medical forms.
15	Recorded the omission of a medication on the appropriate medical forms whenever a scheduled medication was not administered.

ENVIRONMENTAL INJURIES

TASK NUMBER	TASK
081-831-0038 TREAT A CASUALTY FOR A HEAT INJURY	
1	Identified the type of heat injury.
2	Provided the proper first aid for the heat injury.
3	Recorded the treatment given.
081-831-0039 TREAT A CASUALTY FOR A COLD INJURY	
1	Identified the type of cold injury.
2	Provided proper first aid treatment for the injury.
081-833-0031 INITIATE TREATMENT FOR ANAPHYLACTIC SHOCK	
1	Checked the casualty for signs and symptoms of anaphylactic shock.
2	Transported the casualty to the aid station, if feasible.
3	Opened the airway, if necessary.
4	Administered oxygen.
5	Administered epinephrine.
6	Initiated an IV.
7	Provided supportive measures for the treatment of shock, respiratory failure, circulatory collapse, or cardiac arrest.

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8	Checked the casualty's vital signs every 3 to 5 minutes until the casualty was stable.
9	Recorded the procedure on the appropriate form.
10	Evacuated the casualty and provided supportive measures en route.

081-833-0072 TREAT A CASUALTY FOR INSECT BITES OR STINGS

1	Exposed the bite or sting site.
2	Asked the casualty what bit or stung him or her.
3	Checked for the signs and symptoms of the insect bite or sting.
4	Treated the bite or sting.
5	Recorded the treatment on the appropriate form.
6	Evacuated the casualty, if necessary.

CLINICAL APPLICATIONS

TASK NUMBER

TASK

081-833-4682 Write a SOAP Note

1	Documented patient information on a new Standard Form 600.
2	Filled out or requested the patient fill out all pertinent patient identification information in the appropriate block.
3	Recorded the information in the proper SOAP note format. <ul style="list-style-type: none"> a. Recorded what the patient said under Subjective findings (S). b. Recorded any physical findings, signs, and laboratory results under Objective findings (O). c. Recorded the diagnosis, or the most probable diagnosis, under Assessment (A). If necessary, included a differential diagnosis. d. Listed the appropriate treatment and/or diagnostic plan for the patient under Plan (P).
4	Used correct medical terminology and abbreviations.
5	Corrected any errors by making a single line through the error and initialing above the error.
6	Signed and dated the SOAP note under the last step of Plan.

081-833-4002 Perform a Complete Physical Examination

1	Obtained and recorded a patient history. <ul style="list-style-type: none"> a. Did not use medical terminology and jargon when asking the patient questions. b. Obtained patient's pertinent information. c. Asked patient about chief complaint or reason for exam. d. Asked patient about history of present illness. e. Asked patient about past medical history. f. Asked patient about current health status. g. Asked patient for additional information. h. Asked patient about family medical history. i. Asked patient about psychosocial history.
2	Described and recorded a general description of the patient's appearance.
3	Conducted and recorded an ROS.
4	Measured and recorded the patient's vital signs.
5	Examined the skin
6	Examined the HEENT. <ul style="list-style-type: none"> a. Inspected and palpated the head. b. Examined the eyes and performed a fundoscopic exam. c. Examined the ears and performed an otoscopic exam of the TMs. d. Examined the nose and sinuses. e. Examined the mouth and throat.
7	Examined the neck.
8	Inspected, auscultated, palpated, and percussed the chest, respiratory system, and heart and performed a 3-lead ECG.
9	Inspected, auscultated, palpated, and percussed the abdomen.
10	Examined the genitalia.
11	Examined the anus and rectum.
12	Examined the extremities.
13	Examined the lymph nodes.
14	Examined the musculoskeletal system.
15	Examined the neurological system.
16	Performed diagnostic lab work. <ul style="list-style-type: none"> a. Conducted a CBC with differential IAW tasks 081-821-1036, Perform a WBC Count on Whole Blood; 081-821-0039, Perform a WBC Differential Count; and 081-821-1040, Perform a Microhematocrit Determination. b. Conducted a urinalysis IAW 081-833-4670, Perform a Urinalysis. c. Conducted a fecal examination IAW tasks 081-821-1042, Perform a Macroscopic Examination of Feces and Test for Occult Blood; 081-821-1065, Perform a Microscopic Examination of Pinworm Preparations; and 081-821-1066, Perform Concentration Techniques for Ova and Parasites (Con-Trate Method). d. Conducted any other lab tests which were indicated by findings during the exam.
17	Recorded the exam and all lab results on appropriate forms and maintained the records IAW Army regulations.